



Federal Emergency Management Agency

Washington, D.C. 20472

REFUND1.MEM

MEMORANDUM FOR: Sylvia Faulkner, Operating Accountant
Reports and Control Branch OC-AC

FROM: Matthew B. Miller, P.E., Chief
Hazards Study Branch
Mitigation Directorate

Matthew B. Miller

SUBJECT: Refund Check, Case No. _____

[Mr./Ms.] **(Name of Requester)** submitted a **check, cashier's check, or money order** in the amount of **\$(Amount of Check)** to obtain a [conditional] map revision for the **(Community Name)**. That **check, cashier's check, or money order** (copy attached) was forwarded to the Fee-Charge System Administrator on **(Date Sent To FCSA)**.

[USE FOLLOWING PARAGRAPH FOR FEE-EXEMPT REQUEST]

We have since been informed that the request qualifies for exemption from review and processing a fees because it **[SELECT ONE OF THE FOLLWING]**

- ☐ corrects a mapping or study analysis error.
- ☐ is based on natural changes in the Special Flood Hazard Area.
- ☐ is based on a federally sponsored flood-control project where 50 percent or more of the project's costs are federally funded.
- ☐ is based on a detailed hydrologic or hydraulic study conducted by a Federal, State, or local agency to replace an approximate study conducted by FEMA.
- ☐ is based on flood hazard information meant to improve upon that shown on the flood map or within the flood study, and does not partially or wholly incorporate manmade modifications within the Special Flood Hazard Area.

[USE FOLLOWING PARAGRAPH FOR OVERPAYMENT]

The review and processing fee submitted is incorrect. The correct review and processing fee for a request of this type is **(Fee Amount)**.

[USE FOLLOWING PARAGRAPH FOR REFUND ISSUED BY CHECK]

Please issue a refund check for the amount of **\$(Amount To Be Refunded)**, made payable to **(Name of Requester)**. When the check is ready, please mail it to:

(Name and Address of Requester)

[USE FOLLOWING PARAGRAPH FOR REFUND ISSUED VIA ELECTRONIC FUND TRANSFER]

Please issue a refund, via electronic fund transfer, for the amount of **\$(Amount To Be Refunded)**. This transfer is to be made to **(Name of Requester)**, using the bank information shown on the attached check.

If you have any questions, please contact **(FEMA Coordinator)** of our staff, either by telephone at **(FEMA Coordinator's Telephone Number)** or by facsimile at (202) 646-4596.

Attachment

cc: Fee-Charge System Administrator

Appropriation Number: _____

Accounting Classification: _____

Vendor No.: _____

Secondary Reference No.: _____

bcc: MT-TS-HS Chron MT-TS-HS
MCC Case File